

# EMPLOYEE SECURITY ACCESS FORM

Theodore Levin Courthouse

Full name of employee (please print or type)\_\_\_\_\_

Judge or Department for which you work\_\_\_\_\_

Days of the week you require access to the building\_\_\_\_\_

Times you require access (i.e. 8 a.m. to 6 p.m.)\_\_\_\_\_

Doors you require access to (i.e. Lafayette and Fort St. entrances, individual room numbers, etc.  
You need not list courtrooms. Please list individually.)

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Approved By (Signature)

Date

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Received by (Signature)

Date

Card Number\_\_\_\_\_